Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

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(Only for new nonprovisio	nal applications under 37 CFR 1.53(b))	Expres	s Mail Label No.	ET8728	18034US	$\supset$		
APPLICATION ELEMENTS			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application					
See MPEP chapter 600 concerning utility patent application contents.			Washington, DC 20231					
Fee Transmital Form (e.g., PTO/SB/17)   Fee Transmital Form (e.g., PTO/SB/17)   Applicant claims small entity status.   Sea 37 CFR 1.27.		7	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all recessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Daper c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS g. Assignment Papers (cover sheet & document(s))					
4. Prawing(s) (35 L					ent (if applicable) Copies of	IDS		
a.   Newly executed (original or copy)  a.   Newly executed (original or copy)  b.   (for original or copy)  copy from a prior application (37 CFR 1.63 (d))  b.   (for original origin			of prior application No					
19. CORRESPONDENCE ADDRESS								
Customer Number of Bar Code Label [g. est Customer Nic & Asternas received into [net]] or 📝 Correspondence address below								
Name	Dane C. Butzer							
	681 Woodduck Ct.							
Address	<del></del>							
City	Columbus	State	ОН	Zip (	Code 43215			
Country	United States Te	lephone	614-486-358	35 Fé	614-486-	3585		
Name (Print/Type)	Dane C. Butzer	Regi	istration No. (Attor	rney/Agent)	43,521	eg		
Signature	Dane C. But	400		Date	June 27, 20	003		

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PTO/SB/17 (05-03)
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June 27, 2003

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FEE TRANSMITTAL

for FY 2003

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Examiner Name

METHOD OF PAYMENT (check all that apply)   SAS-001	Applicant claims small entity status. See 37 CFR 1.27				Art Unit n/y/a		n/y/a			
Check   Credit Card   Money   Other   None   Other	TOTAL AMOUNT OF I	PAYMENT	(\$) 621		Attorr					
Deposit Account	METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
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The Director is authorized to: (check all that apphy)   Charge feets) indicated below   Credit any overpayments   1802   2,520   For fling a request for ex part reexamination   1802   2,520   For fling a request for ex part reexamination   1804   820   For fling a request for expanding publication of SIR prior to   1805   1,840   1,840   1				1052	50	2052	25	Surchar	rge - late provisional filing fee or	
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Charge any additional fee(s) during the pendency of this application   1804 900"   1804 900"   1804 900"   1804 900"   1804 900"   1804 900"   1804   1805				1812	2,520	1812 2	2,520	For filing	g a request for ex parte reexamination	
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1. BASIC FILING FEE   1252 410   2252 205			1	1251	110	2251	55	Extensi	ion for reply within first month	1
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE    Set		SUBTOTAL (1)	(\$) 375	1452	110	2452	55	Petition	to revive - unavoidable	
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Description Marketing Control of the	SUBMITTED BY (Complete (if applicable)									
		ne C. Butzer		17	Registra	ion No.	43	521	Telephone 614-486-3585	

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